

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>1-31-05</u>		2 Serial/Patent # <u>891904136</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/>	Filing		\$
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		11-4-04 \$ 130
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other <u>RCE</u>		11-4-04 798 \$ 798
		7 TOTAL AMOUNT OF REFUND	
		\$	
10 REASON:		8 TO BE REFUNDED BY:	
<input type="checkbox"/>	Overpayment	Treasury Check	
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:	
<input type="checkbox"/>	No Fee Due (Explanation):	9 <u>19--2555</u>	
<u>Petition dismissed as moot.</u>			
<small>Adjusted date: 02/01/2005 BY: ELEVY 11/05/2004 AMONDAFI 00000102 09904156 02 FCI 1460 -130.00 DP</small>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Karen Creary</u>		TITLE: <u>Act. Exmr.</u>	
SIGNATURE: <u>Karen Creary</u>		PHONE: <u>301-8272-3208</u>	
OFFICE: <u>DAE for Patents</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>[Signature]</u>		DATE: <u>2/1/05</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**